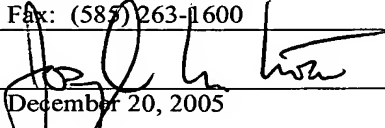


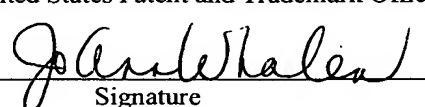


JPW/##

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/667,216	
	Filing Date	September 19, 2003	
	First Named Inventor	Shaker A. Mousa	
	Group Art Unit	1623	
	Examiner Name	Devesh Khare	
Total Number of Pages in This Submission	15	Attorney Docket Number	2747/1021

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (\$150.00) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (\$510.00) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Check in the amount of \$660.00 <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph M. Noto, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600
Signature	 Registration No. 32,163
Date	December 20, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
<u>December 20, 2005</u> Date	 Signature Jo Ann Whalen Typed or printed name

<p style="font-size: small;">Effective on 12/08/2004.  <i>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">OFFICE OF THE PATENT &amp; TRADEMARK OFFICE</div> </div> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">FEE TRANSMITTAL</p> <p style="font-size: 1.2em; font-weight: bold; text-align: center;">FOR FY 2005</p> <p style="font-size: 0.8em;">DEC 22 2005</p>		<p style="font-size: small;">Complete if Known</p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/667,216	
TOTAL AMOUNT OF PAYMENT: (\$660.00)		Filing Date: September 19, 2003	
		First Named Inventor: Shaker A. Mousa	
		Examiner Name: Devesh Khare	
		Art Unit: 1623	
		Attorney Docket No.: 2747/1021	

**METHOD OF PAYMENT (check all that apply)**

☒ Check   
 ☐ Credit Card   
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 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 14-1138   
 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
60	- 54 or HP = 6	x \$25.00 =	\$150.00	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 or HP = 0	x	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification,	\$130 fee (no small entity discount)	
Other: Three-Month Extension of Time Fee Under 37 CFR 1.17(a)(3)		\$510.00

**SUBMITTED BY**

Signature		Registration No. 32,163 (Attorney/Agent)	Telephone (585) 263-1601
Name (Print/Type)	Joseph M. Poto		Date December 20, 2005

**CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]**

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Name: Jo Ann Whalen

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